

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-029225

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6702**

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips Hosp**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

**1229 N. 18th Street
Apt. 915**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Louis

Middle

Last

Taylor

4. DATE
OF DEATH

Month

July

Day

5

Year

1962

5. SEX

Male

6. COLOR OR RACE

Negro

**7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐**

8. DATE OF BIRTH

6-18-1930

9. AGE (last birthday)

32

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night watchman

10b. KIND OF BUSINESS OR INDUSTRY

Chouteau Bldg.

11. BIRTHPLACE (City and state or country)

Tunica, Mississippi

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Roosevelt Taylor

13b. MOTHER'S MAIDEN NAME

Pecola Patterson

14. NAME OF HUSBAND OR WIFE

Lula Bell Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

**Lula Bell Taylor 1229 N. 18th Street
Apt. 915**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

IMMEDIATE CAUSE (a)

**Massive intra-thoracic hemorrhage Contrib. by penetrating gunshot wound of heart, self-inflicted in apartment 1110 Apt 2229
O-Fallen about 12:30 A.M. July 5, 1962**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Suicide

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

(See above) 976X

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

12:30

p.m.

7-5-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

Missouri

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **1:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph J. Jones, Deputy

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

7-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Fr. Dicksons Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand

25. DATE RECD. BY LOCAL REG.

JUL 7 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO.

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 **22**

3

4 **22**

5 **1**

6

7 **1**

8 **1**

9

10

11

12 **77-3**

13

77

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 1221 North Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.